

## CLAIMS ONLY

Application Number

09/916,606

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend	*	Indep	Depend	Indep	Depend	Indep	Depend
1	1												
2		1											
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47		1											
48		1											
49		1											
50													
Total Indep													
Total Depend													
Total Claims													

5  
40  
45